

REFERENCE REQUEST--FEDERAL RECORDS CENTERS		NOTE: Use a separate form for each request.			
SECTION I--TO BE COMPLETED BY REQUESTING AGENCY					
ACCESSION NO.	AGENCY BOX NUMBER	RECORDS CENTER LOCATION NUMBER			
	OF				
DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED					
<input type="checkbox"/> BOX					
<input type="checkbox"/> FOLDER (include file number and title)					
REMARKS					
NATURE OF SERVICE					
<input type="checkbox"/> FURNISH COPY OF RECORD(S) ONLY	<input type="checkbox"/> PERMANENT WITHDRAWAL	<input type="checkbox"/> TEMPORARY LOAN OF RECORD(S)	<input type="checkbox"/> REVIEW <input type="checkbox"/> OTHER (Specify)		
SECTION II--FOR USE BY RECORDS CENTER					
<input type="checkbox"/> RECORDS NOT IN CENTER CUSTODY <input type="checkbox"/> RECORDS DESTROYED <input type="checkbox"/> WRONG ACCESSION NUMBER--PLEASE RECHECK <input type="checkbox"/> WRONG BOX NUMBER--PLEASE RECHECK <input type="checkbox"/> WRONG CENTER LOCATION--PLEASE RECHECK <input type="checkbox"/> ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED <input type="checkbox"/> MISSING (Neither record(s), information nor charge card found in container(s) specified) <input type="checkbox"/> RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):	REMARKS				
		DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS
SECTION III--TO BE COMPLETED BY REQUESTING AGENCY					
NAME OF REQUESTER		TELEPHONE NO. <input type="checkbox"/> FTS	DATE	RECEIPT OF RECORDS	
NAME AND ADDRESS OF AGENCY					
(Include street address, building, room no. and ZIP Code)		Requester please sign, date and return this form, for file item(s) listed above, ONLY if the block to right has been checked by the Records Center. <input type="checkbox"/>			
		SIGNATURE		DATE	

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PREVIOUS EDITION USABLE

OPTIONAL FORM 11 (Rev. 7-87)
 NATIONAL ARCHIVES AND
 RECORDS ADMINISTRATION
 36 CFR 1228.162